



**The City of New York**  
**BUSINESS INTEGRITY COMMISSION**  
 100 Church Street · 20th Floor  
 New York · New York 10007  
 Tel. (212) 437-0500 · Fax (646) 500-7096

**EMPLOYEE/AGENT DISCLOSURE FORM FOR A MICRO-HAULER LICENSEE**

-----OFFICE USE ONLY-----

**APPLICATION #:** \_\_\_\_\_ **DATE RECEIVED:** \_\_\_\_\_

**RECEIVED BY:** \_\_\_\_\_

\*1. Name of the employee applicant (first, middle, and last), include any other names you are known by or were previously known by:

\_\_\_\_\_

\*2. Home Address: \_\_\_\_\_

\_\_\_\_\_

\*3. Date of Birth: \_\_\_\_\_ \*4. Social Security Number: \_\_\_\_\_

\*5. Home telephone number(s): \_\_\_\_\_ \*6. Cellular Number: \_\_\_\_\_

\*7. E-mail Address: \_\_\_\_\_

\*8. Name of the micro-hauler licensee that the employee/agent is or will work for:

\_\_\_\_\_

\*9. Position with the micro-hauler licensee:

\_\_\_\_\_

Start Date (mm/dd/yy)

\*10. Describe your duties and role with the micro-hauler licensee:

\_\_\_\_\_

\_\_\_\_\_

**\* (Asterisk) denotes material information on the application. Any material change in the information shall be reported to the Business Integrity Commission, in a notarized writing, within ten (10) calendar days thereof.**

SSN: \_\_\_\_\_



12. Have you ever been a member of a trade association related to the waste industry (including but not limited to waste removal companies, transfer stations, recycling centers, and landfills)?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes," provide the following information:

Name and Address of Trade Association	Name of Applicant Business' Representative	Dates of Membership	Office Held in Trade Association

13. Identify if you hold or have held any equity, debt, or other beneficial interest in any business, including the micro-hauler licensee, that collects, transfers, treats, stores, recycles, processes or disposes of trade waste. Include any and all such business interests, including transfer stations, located in any state, territory or district of the United States, or in any foreign country, but do not include stock ownership in publicly traded companies.

**TRADE WASTE BUSINESS INTERESTS**

	Business #1	Business #2	Business #3	Business #4
Other Trade Waste Business Name				
Other Trade Waste Business Address				
Other Trade Waste Business Phone Number				
Equity, Debt, or Other Interest (if "other," explain type of interest)				
Period Equity, Debt or Other Interest Held				
Amount of Debt Held				
% of Total Equity				

SSN: \_\_\_\_\_

Rev. 07/15/21

14. Have you ever been convicted of any misdemeanor or felony in any jurisdiction?

\_\_\_\_\_ Yes \_\_\_\_\_ No

In answering this question, **DO NOT** include information regarding any criminal action or proceeding against you that were terminated in your favor.

If "Yes," provide the details below.

Principal or Business Name	Date of Arrest	Date of Conviction	Indictment, Docket or Index No.	Charge(s) and Sentence	Court and Jurisdiction

\*15. Are there any civil or criminal actions pending against you in any jurisdiction?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes," provide the details below.

Date of Filing or Arrest	Indictment, Docket or Index No.	Claims or Charge(s)	Status	Court and Jurisdiction

16. During the past ten (10) years, have you been found in violation of the laws or regulations of any municipal, state or federal agency relating to the conduct of a trade waste business where the penalty imposed for the violation resulted in the suspension or revocation of your permission to participate in the trade waste industry, the imposition of a fine of \$5,000 or more, or the imposition of an injunction of six months or more?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes," provide the details below.

Agency or Court and Docket No.	Nature of the Violation	Outcome

\*17. During the past five (5) years, have you:

a. been the subject of any criminal or civil investigation by a federal, state, or local prosecutor agency, investigative agency or regulatory agency?

\_\_\_\_\_ Yes \_\_\_\_\_ No

b. received a subpoena for documents or to testify before any court, grand jury, or legislative, civil, criminal or administrative body involving any criminal or civil matter?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered "yes" to any of the questions in 17 (a) - (b), provide the below requested information:

Agency or Court and Docket No.	Nature of Action/ Investigation/ Case	Charges Brought, if any	Status or Outcome

18. **Real Property Owned by You.** List each direct or indirect interest in real property (other than a primary residence) that you currently hold.

ADDRESS	PERSON OR ENTITY FROM WHOM ACQUIRED	CO-OWNERS' NAMES AND ADDRESSES

19. **Debt Held by You.** List all outstanding loans made or outstanding notes held by you in excess of \$5,000. (This refers to money that is owed to you. It includes, but is not limited to, notes on routes or trade waste removal businesses that have been sold to others.)

NAME AND ADDRESS OF DEBTOR	ORIGINAL AMOUNT AND DATE OF LOAN	APPROXIMATE BALANCE OUTSTANDING

20. **Debt you owe.** Do you have any debt in excess of \$5,000, including, but not limited to, loans, lines of credit, notes due on routes or trade waste removal companies purchased, and mortgages on real property (other than a primary residence)?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes," provide the requested information below.

NAME AND ADDRESS OF CREDITOR	ACCOUNT NO.	AMOUNT OF DEBT	NAME & PHONE # OF LOAN OFFICER

\*21. Have you paid all federal, state, and local income taxes related to the business for the three tax years preceding the date of this application?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If "no," provide an explanation below. If applicant business is contesting such taxes in a pending judicial or administrative proceeding, attach the relevant documentation.

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SSN: \_\_\_\_\_

Rev. 07/15/21

22. **Gifts Given to You.** Identify all persons or entities from whom you have received gifts valued at \$1,000 or more during the past three (3) years. If none, state "none."

SOURCE OF GIFT	RELATIONSHIP OF SOURCE OF GIFT TO RECIPIENT	NATURE AND AMOUNT OF GIFT	DATE OF GIFT

23. **Gifts Given by You.** Identify all persons or entities to whom/which you have given gifts valued at \$1,000 or more during the past three (3) years, excluding any organization recognized by the Internal Revenue Service under section 501(c)(3) of the Internal Revenue Code. If none, state "none."

RECIPIENT	RELATIONSHIP OF RECIPIENT TO APPLICANT BUSINESS OR PRINCIPAL	NATURE AND AMOUNT OF GIFT	DATE OF GIFT

**CERTIFICATION**

**This certification must be completed before a notary public by the Employee or Agent. Certifications must be notarized when signed.**

ANY MATERIAL FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL. IN ADDITION, SUCH FALSE SUBMISSION MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

I, \_\_\_\_\_, being duly sworn, state: that I am  
(Full Name)

\_\_\_\_\_ of \_\_\_\_\_; and  
(Title/Position) (Applicant Business)

I have read and understood the questions contained in the attached application and its attachments, which consists of \_\_\_\_\_ pages; and to the best of my knowledge the information given in response to each question and in the attachment is full, complete and truthful; that the New York City Business Integrity Commission and the New York City Department of Investigation may, by any means they or each of them deem appropriate, determine the accuracy and truth of the statements made in this application; and that all the information submitted is for the express purpose of determining whether the applicant meets the licensing standards set forth in Local Law 42 of 1996 of the City of New York.

\_\_\_\_\_  
(Signature of Employee or Agent)

Sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

**RELEASE AUTHORIZATION FOR EMPLOYEE/AGENT**

I, \_\_\_\_\_, am the \_\_\_\_\_ and an employee  
(Print Name) (Title/Position)

or agent of \_\_\_\_\_ (the "Applicant Business").

I am over the age of 18.

I have authorized the New York City Business Integrity Commission ("Commission") to conduct an investigation into my background for the purpose of determining whether the applicant meets the licensing standards set forth in Local Law 42 of 1996 of the City of New York.

I hereby authorize any and all of the entities and individuals described below to release to the Commission any and all information, documentary or otherwise, pertaining to the applicant and/or its principals, affiliates, agents and employees as may be requested by the Commission. Any such information may be requested by and released to any employee, agent or representative of the Commission.

I hereby authorize the release of any such information by any federal, state, local, or foreign government or agency, any private organization or entity, and/or any individual in his or her personal or professional capacity. These entities and individuals include, but are not limited to, accountants, attorneys, banks, bookkeepers, common carriers, courts, credit reporting companies, data systems management companies, educational institutions, employee benefits managers, employees of the applicant, employers of the applicant's principal(s), financial institutions, internet service providers, investigative firms, investment firms, labor unions, law enforcement agencies, media companies, motor vehicle departments, pension funds, probation departments, selective service boards, taxing authorities, telecommunications companies and utilities.

This release shall apply to any such entities and individuals wherever they may be located, within or without the City of New York, State of New York, or United States of America. They may convey information in whatever form and by whatever means requested by the Commission, whether by telephone, fax, mail, computer media or by any other means.

This release authorization is effective for a period of five years as of the date set forth below. A photocopy or fax of this authorization will be construed as valid as though it were the original.

In connection with the release of information pursuant to this authorization, I hereby waive the benefit of any confidentiality agreement and of any privileges pertaining to confidentiality and any rights to privacy that may be accorded by federal, state or local law.

**NOTICE TO ENTITIES AND INDIVIDUALS RELEASING INFORMATION:** I hereby waive any right to be notified when an entity or individual releases information pursuant to this authorization and hereby authorizes the Commission to direct any such entity or individual not to provide such notification

Sworn to before me

\_\_\_\_\_  
(Signature of Employee/Agent)

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
Notary Public

SSN: \_\_\_\_\_

Rev. 07/15/21